

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 27, 2008

ALL-COUNTY INFORMATION NOTICE NO.: I-23-08

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS**REASON FOR THIS TRANSMITTAL**

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: **IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER DIRECT DEPOSIT (PDD)**

This All-County Information Notice (ACIN) is to provide counties with information regarding the implementation of the section of Assembly Bill (AB) 1808, Chapter 75, (Statutes of 2006) relating to Provider Direct Deposit (PDD). This ACIN will include descriptions of outreach and enrollment activities that will occur prior to implementation, the ongoing processes for administering PDD and modifications to CMIPS screens that will allow counties to identify payments made to providers via PDD. While counties do not have an active role in processing PDD, the California Department of Social Services (CDSS) believes the following information will be important to them in their administration of the IHSS payroll function.

GENERAL INFORMATION

The CDSS will be implementing PDD on May 1, 2008. Direct Deposit is an optional way for providers to receive their IHSS payroll warrants. Direct Deposit is also known as Electronic Funds Transfer (EFT). The CDSS believes PDD will provide benefits to providers who participate by eliminating lost and stolen warrants, as well as the need to redeposit and reissue undeliverable warrants. Additionally, PDD will allow the provider faster access to their money by eliminating the postal delivery time necessary to send the warrant to the provider through the mail.

Providers who wish to continue to receive their pay warrants in the mail do not need to return the Provider Direct Deposit Enrollment/Change/Cancellation form or take any other action.

Providers who choose to participate in PDD will have their payroll warrants deposited directly into their checking or saving account instead of receiving them by mail. Payroll warrants can be electronically deposited at a bank, savings and loan or credit union. Providers will receive a Direct Deposit Remittance Advice that will contain all the same information providers currently receive on their Statement of Earnings (pay stub) that is attached to the IHSS warrants. Additionally, a new turn-around timesheet will be attached to each Direct Deposit Remittance Advice, as is the practice with current payroll warrants.

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The CDSS' CMIPS vendor, EDS, will administer all PDD activities. All PDD mailings, notifications and outreach documents will be distributed and processed by EDS. EDS will process enrollments, changes and cancellations as well as monitor the PDD account for failed deposits. When a deposit fails, EDS will request issuance of a paper warrant to the provider and the provider will be required to re-enroll in PDD.

Additionally, EDS will provide customer service including a Help Desk for problem resolution. Provider calls regarding PDD should be referred to the Direct Deposit Processing Center at the toll free number (866) 376-7066. The PDD Help Desk at the Direct Deposit Processing Center will be active effective March 17, 2008. **This Help Desk number is for PDD calls only.** The PDD Help Desk is not the same as the CMIPS Help Desk. PDD Help Desk staff will have access only to screens dedicated to PDD. Therefore, they will not be able to answer any IHSS CMIPS questions or conduct any payroll related research. Calls for issues other than PDD will be referred back to the county in which the provider works.

Eligibility and Enrollment/Disenrollment

Providers who are eligible for PDD must meet all of the following three requirements:

- have a checking or savings account, and
- receive Arrears Pay paper warrants twice a month, and
- have worked in the IHSS Program for a minimum of 90 days.

Payroll warrants can be deposited into a checking or savings account at the financial institution of the provider's choice. The financial institution can be a bank, savings and loan, credit union or other institution that is able to accept EFTs.

Providers who work for recipients receiving Advance Pay cannot participate in the PDD program because those providers receive their payments directly from their recipient-employer, not through the State Controller's Office payment process.

Providers who wish to enroll in PDD must complete the Provider Direct Deposit Enrollment/ Change/Cancellation (SOC 829) form. The Provider Direct Deposit Enrollment/Change/ Cancellation (SOC 829) form includes detailed instructions on the enrollment process. If providers need assistance completing the form, they can go to their bank, savings and loan or credit union or they can call the Direct Deposit Processing Center toll free at (866) 376-7066 for assistance.

Providers will receive one PDD outreach letter and enrollment form for each recipient/provider relationship they maintain. For example, a provider working for four recipients will receive four outreach letters and four enrollment forms. Providers must submit a separate form for each recipient/provider relationship. A single form received indicating multiple recipient/provider relationships for PDD will be returned to the provider with a request that the provider complete and submit a separate form for each recipient/provider relationship.

A provider who works for multiple recipients may choose to have their pay from one recipient deposited to their checking account and their pay from another recipient deposited to a savings account or a different checking account. However, it is important to know that it is not possible to have part of their pay for the same recipient, i.e., one payroll warrant, split so that a portion is deposited into a checking account and a portion into a savings account. Nor can a provider have their pay for the Part A timesheet deposited in their checking account and the pay for their Part B timesheet deposited into another account. In order to have money from one PDD deposited into more than one account, the provider must make arrangements with their financial institution for this transaction to be processed after their PDD transaction is completed.

Additional copies of the Provider Direct Deposit Enrollment/Change/Cancellation Form (SOC 829) will be available on the CDSS Internet site at <http://www.cdss.ca.gov/agedblinddisabled>. Providers must click on the tab labeled CMIPS to access and download the enrollment form. Copies of the Enrollment/Change/Cancellation Form (SOC 829) can also be accessed on the CDSS website at <http://www.dss.cahwnet.gov/>. On this website providers must click on the tab labeled "Forms/Brochures" to access and download the enrollment form. The

enrollment form will be available on both websites in eleven different languages including English, Spanish, Armenian, Cantonese, Russian, Vietnamese, Mandarin, Tagalog, Korean, Farsi and Cambodian. These eleven languages comprise 98.5 percent of all IHSS providers based on a query of provider primary languages recorded in CMIPS. Forms will be available on the Internet by mid-March 2008 to coincide with the initial outreach mailing by EDS on March 17, 2008.

By submitting an enrollment form, the provider is considered to be self-certifying that they have met the 90-day eligibility requirement. The outreach letter will not be sent to a provider until the 90-day threshold has been met. However, we recognize that a provider may print a form off the Internet and submit it prior to meeting the 90-day requirement. A provider who submits their enrollment form prior to working for the IHSS Program for 90 days may have their form returned with a request that it be resubmitted when the provider has met the 90-day requirement.

Enrollment forms can be submitted any time after outreach mailing begins on March 17, 2008. The forms must be mailed to the Direct Deposit Processing Center at Post Office Box 1600, Rancho Cordova, California 95741-1600. **It is important to note that neither the toll-free number nor the post office box will be monitored until after the outreach and enrollment activities begin on March 17, 2008. Therefore, providers must not submit enrollment forms or attempt to call the Help Desk before that time.**

All providers who sign up for PDD will continue to receive paper warrants by mail until their Direct Deposit account has been established. The provider's banking information will be put through what is called a "pre-note" process to verify that the data provided will be accepted by the financial institution indicated. Once the provider's banking information passes the "pre-note" test, PDD will be activated for that provider. Occasionally, a "pre-note" verification request will fail to be validated by the financial institution. "Pre-note" failures are generally caused by transpositions of routing and/or account numbers either on the form or during key data entry. EDS will correct key data entry errors. However, if the "pre-note" fails for any other reason, the provider will be notified and must correct the cause of the failure before PDD can be activated. It may take as long as 45 to 60 days before providers see their first Direct Deposit, though it is generally sooner than that.

It is extremely unusual for a deposit to fail once the routing and account information have passed "pre-note", however, it could happen in the case of a provider changing or closing an account without submitting a new Provider Direct Deposit

Enrollment/Change/Cancellation form. If a PDD transaction is unsuccessful, EDS will request issuance of a paper warrant for the provider, notify the provider and cancel the provider's enrollment until the problem can be resolved.

If a provider closes their bank account, their direct deposit will be automatically cancelled. They must submit a new Provider Direct Deposit Enrollment/ Change/Cancellation (SOC 829) form in order to re-enroll with their new bank account. The same is true if a provider changes banks or accounts, wants their payroll warrants directly deposited to a different account than is currently identified or wants to stop having their payroll warrants directly deposited. The form must be submitted to the Direct Deposit Processing Center at Post Office Box 1600, Rancho Cordova, California 95741-1600.

For providers who choose Direct Deposit and receive a zero net payment because their recipient made a Share of Cost payment directly to them that equaled the amount of the provider's net pay, the provider will receive a zero dollar Remittance Advice by mail. Additional wages that they earn, above the Share of Cost, are eligible for Direct Deposit.

Providers who stop working for a recipient will be paid by Direct Deposit if they submit their timesheet within 60 days of their last pay period. Providers who do not submit any timesheets for 60 days will have their Direct Deposit automatically cancelled. Providers will receive a paper warrant by mail, and will be required to re-enroll if they wish to continue Direct Deposit.

OUTREACH

On March 17, 2008, the CDSS will begin mailing PDD outreach letters (SOC 831) with enclosed Provider Direct Deposit Enrollment/Change/Cancellation (SOC 829) forms to approximately 380,000 eligible IHSS providers. Due to the magnitude of the mailing, it may take as long as two weeks to complete. It should be noted that a separate PDD outreach letter and enrollment form is being sent to the provider for each recipient case for which a provider is associated.

Each month EDS will send the outreach letter and Provider Direct Deposit Enrollment/Change/Cancellation form to approximately 11,000 additional providers who have reached the 90-day program participation requirement.

The outreach letter will also be available in mid-March on the CDSS Internet site at the address above in 11 languages including English, Spanish, Armenian, Cantonese, Russian, Vietnamese, Mandarin, Tagalog, Korean, Farsi and Cambodian. These 11 languages comprise 98.5 percent of all IHSS providers based on a query of provider primary languages recorded in CMIPS. The outreach letter includes detailed information on PDD.

CDSS has developed the PDD process with the goal of having a minimal impact on county staff. However, we realize that, despite our best efforts, counties will receive calls. To help counties handle these calls CDSS is compiling a list of Frequently Asked Questions (FAQs) as a reference guide. This reference guide will be transmitted to the counties shortly via another ACIN. The reference guide is a living document and counties are encouraged to submit suggestions of questions/answers for inclusion in the FAQs. When counties receive provider calls regarding Direct Deposit they are encouraged to refer all calls to the Direct Deposit Processing Center at the toll free number at (866) 376-7066.

CMIPS MODIFICATIONS FOR PDD

Although counties have no direct responsibilities for PDD, the implementation of PDD will result in some changes to CMIPS that are important for counties to know.

It is critical that counties recognize that PDD will eliminate the county's ability to void a warrant after issuance for any provider enrolled in PDD. While it will still be possible for counties to do same-day deletions of warrant request entries (TIME, SPEC or WPCS), county staff will not be able to void PDD EFT payment transactions after the system closes for the day. Therefore, it is imperative that extra care be exercised to ensure that keyed payments are being made to the correct provider and for the correct number of hours.

It is also important that providers be reminded whenever possible that they must still report any change of address to the county as soon as possible. Although the provider's payroll warrant will be deposited regardless of the recorded address in CMIPS, it is still imperative that CMIPS maintain a current address for the provider to ensure that the provider receives their Direct Deposit Remittance Advice with their Statement of Earnings and next Turn-Around Timesheet. Incorrect addresses in CMIPS will result in the provider's Direct Deposit Remittance Advice being returned to the State Controller's Office as undeliverable and will likely result in the county needing to issue the provider a duplicate timesheet.

PELG Screen

In order for county offices to be able to identify which providers are participating in PDD the Provider Eligibility Screen (PELG) has been enhanced with a new EFT field on line H4. The EFT field will display a 'Y' if the provider has an active status PDD associated with the 16 digit recipient/provider case number. If there is no PDD associated with the case, the EFT field will display an 'N'.

THIS PELG I 9999999999999999						
NEXT PELG I 9999999999999999						
SEQ# 999 REPRINT X RECIP XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X SW# XXXX						
B LAST NAME XXXXXXXXXXXXXXXXXXXX FIRST XXXXXXXXXXXXX MI X STAT X ETH 9 LANG 9						
C STR 1234567890XXXXXXXXXX CY XXXXXXXXXXXXXXXXXXXX ST XX Z 99999 9999						
D SSN 999 99 9999 DED X PH# 999 999 9999 SX X DOB MMDDCCYY W5 X MMDDCCYY						
E CNY USE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REL 99 #PROV 9 WC X						
ACTION	BEG DATE	END DATE	HOURS	SHR/COST	RATE	SDI BEG DATE
F X	MMDDCCYY	MMDDCCYY	999.9	9999.99	99.99	MMDDCCYY
G	MMDDCCYY	MMDDCCYY	999.9	9999.99	99.99	SDI END DATE
H	MMDDCCYY	MMDDCCYY	999.9	9999.99	99.99	MMDDCCYY
H1 FIT W4 X 99 FIT WHOLD 999.99 SIT W4 X 99 SIT WHOLD 999.99 RCVY \$00000.00						
FIT W4 ENTRY DATE MMDDCCYY SIT W4 ENTRY DATE MMDDCCYY						
H2 TIMESHEET START DT STOP DT RECIP AIDE# PCSP Y						
H3 UPDATE ALL PELG? Y/N = SSNV X						
H4 EFT						
LAST CHANGE DATE 04/04/2003 CURRENT DATE 11/03/2004 TIME 07:51 ENT=ENTER F03=EXIT						
F08=NEXT						

PSUM Screen

Additionally, the Provider Summary Screen (PSUM) has been enhanced with a new EFT column in the line item detail section of the screen. When a payment request is entered from the TIME, SPEC or WPCS screens, the EFT column will display an 'F' beside the payment line if the payment was submitted to the SCO as an EFT. The SCO will provide an eight-digit Control Number that begins with '99' in place of the warrant number. The Control Number will display in the warrant number field. The turnaround time will be the same as a warrant request. Counties will see the control number approximately three days after the payment request was entered in CMIPS.

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THIS PSUM I 9999999999999999											
NEXT PSUM I 9999999999999999											
IHSS PROVIDER SUMMARY						NAME GOBBLYDE ,GOOK					
O 114491 T 682514											
MONTH-TO-DATE-TOTALS											
YR	MO	PD	HOURS	GROSS	SOC	YR	MO	PD	HOURS	GROSS	SOC
2007	08		0.0	0.00	0.00	2007	07		0.0	0.00	0.00
2007	06		25.1	225.90	0.00	2007	05		0.0	0.00	0.00
HRS=		25.10	WAGES=		225.90	FICA=		17.29	SDI=		0.00
				EIC=						0.00	
TP	S	FRM	DT	TO	DT	WAR	DT	WAR	NUM	HOURS	GROSS
H	P	080107	081507	071907	99145403	12.0	108.00	99.73	P	P	
H	V	070107	071507	071907	75645404	12.1	108.90	100.57	05	O	V 99999 P
H	P	061607	063007	071907	75645402	13.1	117.90	108.88		O	P
H	P	060107	061507	071907	75645403	12.0	108.00	99.73		O	P
F07=BWD F11=CONT											

If you have any questions regarding the contents of this letter, please contact the Adult Programs Systems Unit, at (916) 229-4002.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

c: CWDA

Attachments: Provider Direct Deposit Outreach Letter
Provider Direct Deposit Enrollment/Change/Cancel Form

Provider Direct Deposit Outreach Letter (SOC 831)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



Dear In-Home Supportive Services (IHSS) Provider:

The California Department of Social Services (CDSS) is pleased to tell you that Direct Deposit of payroll checks is now available for IHSS providers.

What is Direct Deposit?

Direct Deposit is an optional way to receive your IHSS payroll checks. With Direct Deposit, your IHSS payroll check is deposited directly into your checking or savings account instead of being sent to you through the mail. Your paychecks can be deposited into your account at a bank, savings and loan or credit union.

To keep track of your pay, you will receive a Direct Deposit Remittance Advice that will look like and contain the same information as the Statement of Earnings (pay stub) you currently receive attached to your IHSS payroll check. With your pay stub you will also receive a new timesheet for the next pay period.

If you want to continue to receive your payroll checks by mail you do not need to complete the enclosed form or take any action. However, if you want your payroll checks to go directly to your bank through Direct Deposit you will need to fill out and return the enclosed "In-Home Supportive Services Provider Direct Deposit Enrollment/Change/Cancellation Form."

What are the advantages of Direct Deposit?

- ✓ Your payroll checks can't get lost in the mail or stolen from your mailbox, purse or pocket.
- ✓ You may have access to your money sooner because you don't have to wait for the check to come in the mail.

Who is eligible for Direct Deposit?

- ✓ All IHSS providers are eligible for Direct Deposit if they:
 - have a checking or savings account,
 - are presently receiving paper checks twice a month, and
 - have worked for the IHSS program for at least 90 days.
- ✓ If your recipient pays you directly (Advance Pay) you are not eligible for Direct Deposit.
- ✓ In order to continue your Direct Deposit eligibility, you must submit your timesheets for each recipient promptly following the end of each pay period.

What happens if I stop working for a recipient?

- ✓ Providers who stop working for a recipient will be paid by Direct Deposit if they submit their timesheet within 60 days of their last pay period. **If you do not submit any timesheets for 60 days, your Direct Deposit will be automatically cancelled.**
- ✓ Instead you will receive a paper check by mail for any timesheet submitted after this 60-day period.
- ✓ If you are cancelled from Direct Deposit and want to use Direct Deposit again, you will be required to re-enroll by submitting a new enrollment form.

How do I enroll in Direct Deposit?

- ✓ To enroll you must complete the enclosed Direct Deposit Enrollment/Change/Cancellation Form. Follow the directions provided on the form.

Provider Direct Deposit Enrollment/Change/Cancellation Form (SOC 829)

- ✓ **Please note that a separate enrollment form must be completed for each recipient for whom you provide IHSS services.** *For additional forms you may access our website at www.dss.cahwnet.gov and click on the tab labeled "Forms/Brochures" to download the enrollment form. If you prefer, you may also call the Provider Direct Deposit Help Desk toll free at (866) 376-7066 and ask that a form be sent to you.

What do I do if I work for more than one recipient?

- ✓ If you work for more than one recipient and want to use Direct Deposit, you must fill out and submit a separate enrollment form for each recipient for whom you work and want your wages directly deposited.

Additional Information on Direct Deposit

- ✓ All Direct Deposit enrollments will be handled in one central location. **Please do not call your county office as they will not be able to help you with the Direct Deposit enrollment process.**
- ✓ If you have additional questions or problems after talking with your Bank, you can contact the Provider Direct Deposit Help Desk toll free at (866) 376-7066. The Provider Direct Deposit Help Desk can send you additional forms and assist you in filling out your form.
- ✓ When you call the Provider Direct Deposit Help Desk you will need to have your IHSS Statement of Earnings (pay stub) or other document in front of you that shows the name and case number for each recipient case that you are calling about when you call the Help Desk. You must have this information for the Help Desk to be able to assist you.

When can I expect my first Direct Deposit transaction to be credited to my Bank account?

- ✓ You will continue to receive paper checks by mail until your Direct Deposit account has been established.
- ✓ It may take up to 60 days from the time you send your enrollment form until your first Direct Deposit is made.

What happens if I close my account or change my Bank?

- ✓ Notify the Direct Deposit Processing Center toll free at (866) 376-7066 immediately if you change your account number or Bank. You will need to complete and sign a new Direct Deposit Enrollment/Change/Cancellation Form. The Direct Deposit Processing Center can send you a new form or you may access the forms at the website shown above. Return the completed form to the Direct Deposit Processing Center at P. O. Box 1600, Rancho Cordova, California 95741-1600.
- ✓ **Do not close your old account until you have received your first payment in your new account.**

**IN-HOME SUPPORTIVE SERVICES PROVIDER DIRECT DEPOSIT
ENROLLMENT/CHANGE/CANCELLATION FORM**

NAME OF PROVIDER	FIRST	MIDDLE INITIAL	LAST	
STREET		CITY	STATE	ZIP CODE

Check Appropriate Box:

- ☐ **NEW** By checking this box, I hereby authorize the State Controller's Office to directly deposit my pay warrants to my personal bank account.
- ☐ **CHANGE** By checking this box, I hereby authorize the State Controller's Office to change my Direct Deposit to my new personal bank account.
- ☐ **CANCEL** By checking this box, I hereby cancel my Direct Deposit authorization.

RECIPIENT NUMBER: <i>(MUST BE 10 NUMBERS)</i>	PROVIDER NUMBER: <i>(MUST BE 6 NUMBERS)</i>
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TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS *(Check only one type)*ROUTING NUMBER: *(MUST BE 9 NUMBERS)*

ACCOUNT #:

BANK NAME:

SIGNATURE OF PAYEE <i>(PROVIDER)</i>	DATE
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Provider Direct Deposit Enrollment/Change/Cancellation form (SOC 829)

IN-HOME SUPPORTIVE SERVICES PROVIDER DIRECT DEPOSIT ENROLLMENT INSTRUCTIONS *PLEASE READ CAREFULLY*

You will need the following information to complete the Direct Deposit Enrollment Form:

1. The name of your Bank.
2. The Bank Routing Number
3. Your Checking or Savings Account Number. **If you need help identifying this information please ask your Bank for assistance.**

CHECK APPROPRIATE BOX

Please check the box to tell us what you want to do. Check the Box: NEW to enroll in direct deposit; CHANGE to change your bank account; and CANCEL to cancel direct deposit.

Check the box to tell us whether you want your paycheck deposited in your Checking or Savings account.




IDENTIFICATION INFORMATION

Provide your Recipient and Provider number. You will find the recipient and provider numbers on your IHSS Statement of Earnings (pay stub).

BANKING INFORMATION

Provide the information requested on the form. You may find the bank information you will need to complete the enrollment form on your personal checks or your bank may assist you. Below is an example of a check and where to find the necessary information.

Check Example:

Your Name		Check NO. 4444
Pay to the Order of _____		
I112145678 I:	5765432109812	4444
		
Routing No.	Your Acct. No.	Ck. No.

If you prefer to have your money deposited into your savings account, please contact your bank for assistance.

SIGN THE FORM

Your signature authorizing Direct Deposit must be an ORIGINAL SIGNATURE, photocopies will not be accepted.

PROVIDE ALL REQUESTED INFORMATION

All information requested on the form must be provided. Incomplete forms will be returned. To enroll in Direct Deposit you must complete all fields on an Enrollment/Change/Cancellation form.

IF YOU WORK FOR MULTIPLE RECIPIENTS

You must complete a separate Provider Enrollment/Change/Cancellation form for EACH Recipient with whom you are employed. When you begin work for a new recipient you will need to complete a new form.

CHANGING OR CANCELLING YOUR DIRECT DEPOSIT

Your Direct Deposit will continue to be deposited into the bank account you have chosen until you request a change. If you wish to change or cancel your Direct Deposit authorization for any recipient for whom you work, you must submit an Enrollment/Change/Cancellation form with a check next to the box for Change or Cancel. You may access our website at www.dss.cahwnet.gov to download additional forms or contact the Direct Deposit Help desk toll free at (866) 376-7066.

Please send your COMPLETED Enrollment/Change/Cancellation Form to:

DIRECT DEPOSIT PROCESSING CENTER
P.O. BOX 1600
RANCHO CORDOVA, CA 95741-1600